

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

Attorney Docket Number

UCON/145/PC/US

First Named Inventor

ALEXANDROS MAKRIYANNIS

DECLARATION

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CANNABIMIMETIC LIPID AMIDES AS USEFUL MEDICATIONS

(Title of the Invention)

the specification of which

☒ is attached hereto as International Application No. PCT/US99/28138 filed on 11/24/1999.

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? Yes No
NONE			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/109,615	11/24/1998	

DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(a) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
NONE			

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name: Alix, Yale & Rietes, LLP

Customer Number 002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor Alexandros Makriyannis ☐ A petition has been filed for this unsigned inventor

Given Name	<u>ALEXANDROS</u>	Middle Initial		Family Name	<u>MAKRIYANNIS</u>	Suffix	
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Inventor's Signature	<u>Alexandros Makriyannis</u>	Date	<u>7/20/00</u>
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RESIDENCE: City	<u>WATERTOWN</u>	State	<u>MA</u>	Country	<u>U. S. A.</u>	Citizenship	<u>U. S. A.</u>
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Name of Additional Joint Inventor, if any: ATMARAM KHANOLKAR ☐ A petition has been filed for this unsigned inventor

Given Name	<u>ATMARAM</u>	Middle Initial		Family Name	<u>KHANOLKAR</u>	Suffix	
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Inventor's Signature	<u>ATMARAM KHANOLKAR</u>	Date	<u>7/20/00</u>
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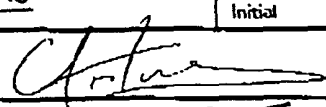
RESIDENCE: City	<u>STORRS</u>	State	<u>CT</u>	Country	<u>U. S. A.</u>	Citizenship	<u>Indian</u>
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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<div style="text-align: center;">3-00</div> Name of Additional Joint Inventor, if any: <div style="float: right;">[] A petition has been filed for this unsigned inventor</div>											
Given Name	ANDREAS			Middle Initial		Family Name	GOUTOPOULOS		Suffix		
Inventor's Signature						Date	7/21/00				
RESIDENCE: City	STORRS		State	CT	Country	U. S. A.		Citizenship	Greek		
POST OFFICE ADDRESS	146 HUNTING LODGE										
City	STORRS		State	CT	Zip	06269		Country	U. S. A.	Applicant Authority	
Name of Additional Joint Inventor, if any: <div style="float: right;">[] A petition has been filed for this unsigned inventor</div>											
Given Name				Middle Initial		Family Name			Suffix		
Inventor's Signature						Date					
RESIDENCE: City				State		Country			Citizenship		
POST OFFICE ADDRESS											
City			State		Zip			Country		Applicant Authority	
Name of Additional Joint Inventor, if any: <div style="float: right;">[] A petition has been filed for this unsigned inventor</div>											
Given Name				Middle Initial		Family Name			Suffix		
Inventor's Signature						Date					
RESIDENCE: City				State		Country			Citizenship		
POST OFFICE ADDRESS											
City			State		Zip			Country		Applicant Authority	
Name of Additional Joint Inventor, if any: <div style="float: right;">[] A petition has been filed for this unsigned inventor</div>											
Given Name				Middle Initial		Family Name			Suffix		
Inventor's Signature						Date					
RESIDENCE: City				State		Country			Citizenship		
POST OFFICE ADDRESS											
City			State		Zip			Country		Applicant Authority	
<div style="text-align: center;">[] Additional inventors are being named on supplemental sheet(s) attached hereto</div>											